# **METHODS FOR TEACHING SCIENCE:**

Engaging Students in Learning Science

Dates: July 27 – July 31, 2009

**Location:** Brigham Young University (Cluff Building), Provo

**Credit:** USOE or 3 Brigham Young University semester hours

Instructors: Darrin Hodges, Marta Adair, Doug Panee

#### **Course Contact Information:**

Duane Merrell, 801-422-2255 duane\_merrell@byu.edu Richard R. Tolman 801-863-6229 tolmanri@uvu.edu

#### **Registration Fee and Deposit:**

\$275 Registration fee to: Emery County School District \$50 Deposit to: Brigham Young University

### Send registration form and deposit to:

Richard R. Tolman, Ph.D. Professor of Biology 224 Science Building, Mail Code 179 Utah Valley University 800 West University Parkway Orem, UT 84058

## **Registration Contact Information:**

Richard R. Tolman 801-863-6229 tolmanri@uvu.edu



## **Course Description:**

The course will focus on methods of teaching science with special emphasis on using inquiry strategies. The goal is to provide participants with the necessary tools to develop or adapt lessons so that students are engaged in thoughtful, relevant science experiences. Participants will participate in inquiry approaches through lessons that are modeled by instructors.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



# 2009 Science

# **Professional Development**

**Registration Form** 

(Duplicate as Necessary)

Mail to: Workshop Contact:

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Workshop Title	Date	Location	Registration Fee

Contact Information:	Commitment to Attend & District Approval:		
Teacher:			
District:	I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.  Teacher Signature:  Signature of Principal or District Representative indicates		
School:			
Grade Level/Subject:			
Home Address:			
City: Zip:	PERSONAL Check #	enclosed <i>OR</i>	
Home phone:	SCHOOL	inal OR	
School phone:			
CACTUS # :	*Please contact your school or district to determine if approval is		
	☐ Bill to This Address		

Return this completed registration form and your refundable deposit check to the above listed workshop contact.